SEX EDUCATION FORUM
working together for quality sex and relationships education

Does sex and relationships education work?

A Sex Education Forum evidence briefing

What is sex and relationships education?

Sex and relationships education (SRE) is learning about the emotional, social and physical aspects of growing up; relationships; sex; human sexuality; and sexual health.

What does sex and relationships education aim to achieve?

SRE aims to equip children and young people with the information, skills and values they need to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual health and well-being.

SRE aims to *contribute* to behaviour change, including reducing unprotected and unwanted sex, and reducing harmful behaviour, including sexual offences such as assault and abuse.

Does sex and relationships education work?

Young people start having sex at an older age

National and international research shows that good quality SRE has a protective function as young people who have had good SRE are more likely to choose to have sex for the first time later. There is no evidence that SRE hastens the first experience of sex. These findings are confirmed by three separate evidence reviews: Kirby 2007, UNESCO 2009 and NICE 2010. Kirby (2007) examined 48 SRE programmes and found that 40 per cent of these had a significant impact in three aspects of behaviour: delaying the initiation of sex; reducing the number of sexual partners; and increasing condom or contraceptive use. None of the studies hastened the first experience of sex. Some SRE programmes have been found to reduce the frequency of sex – none of the programmes reviewed by Kirby (2007) resulted in young people having sex more frequently.

The message that young people should wait until they are ready to have sex forms the basis of all good quality, comprehensive SRE programmes. There is good evidence that a 'just say no' or 'abstinence only' approach combined with no information (or incorrect information) about contraception is not effective in changing behaviour in the long term (Guttmacher Institute 2007). Also, teaching young people about contraception does not contradict messages about delaying the first experience of sex (Kirby 2008).

Greater use of condoms and contraception

In addition, research shows that young people who have taken part in a good quality SRE programme are more likely to use condoms and contraception if they do have sex (Kirby 2007). In contrast, there is evidence that education programmes that focus only on an abstinence message do not have positive effects on young people's behaviour. So a broad programme of SRE is absolutely essential.

Evidence in England

There has never been a consistently applied policy on SRE in England that has ensured all children and young people get a basic level of education about sex, relationships, the law and safety from sexual abuse. Currently the quality and extent of SRE provision in English schools varies greatly. Many teachers have no training on SRE; in one research study, 1 in 10 teachers did not know that Chlamydia is an STI (Westwood and Mullan 2007).

However, research carried out in England has found that areas of the country which have achieved the greatest reductions in teenage conception rates in recent years have provided both good quality school SRE as well as accessible sexual health services for young people (DfES 2006).

The lack of education about reproduction and preparation for adult life has been identified by the UN Committee on the Rights of the Child (UNCRC) as a children's rights issue that needs urgent attention in the UK (UNCRC 2008). Currently, children under the age of 16 are legally responsible for their sexual conduct without necessarily having received any education or advice about the laws relating to sex, consent and coercion.

Case study: the USA and California

The USA has now cut funding for abstinence-only education programmes at home and abroad. Policy varies between states but the teenage pregnancy rate in California has reduced by 52 per cent (from 1992–2005), which is far above the national decline of 37 per cent. California is the only state that never accepted federal funding for abstinence-only programmes. In 2003 a law was introduced requiring that any school-based sex education programmes be medically accurate, age-appropriate and comprehensive. Access to free contraception was also increased during this period (Boonstra 2009).

Evidence from Europe

The UK has the highest rate of teenage conception in Western Europe (UNICEF 2007). Some European countries have mandatory sex education and in many cases this is taught within the biology curriculum. There is also a lot of variety in what is provided within individual countries. For example, in Holland the biologicial aspects of sex education are mandatory, but the wider aspects (including relationships) are not; there is inconsistency in what young people are taught and concerns that risk-taking behaviour among young people is increasing (Parker and others 2009).

Case study: Finland

The evidence from Finland shows that applying a clear policy on SRE at the national level can impact directly on teenage sexual behaviour. 'Sexuality education' was made compulsory in schools in 1970, but was downgraded to an optional subject in 1994. At this point, the quality and quantity of provision declined, and resources for sexual health services were also cut. Finland experienced a 50 per cent increase in teenage abortions in the late 1990s as well as an increase in girls starting to have sex at the age of 14 and 15 and a fall in use of contraception. A decade later a new subject called 'Health' was introduced in schools and has been compulsory in primary and secondary schools from 2006. Some year groups must have a minimum of 20 hours teaching in the subject and teachers are now given training. The trend in teenage sexual behaviour has now reversed; girls are starting to have sex at an older age and more are using contraception. The rate of teenage abortions has also dropped and there is a small decline in teenage births (Apter 2009).

Case study Latin America and the Caribbean

Health and education ministers from Latin America and the Caribbean signed a historic declaration in 2008 giving their support to national school-based sexuality and HIV education throughout the region and endorsed the scientific evidence that backs this approach (UNAIDS 2008).

International support

UNESCO recently published international guidance on 'sexuality education'[1] (2009) that set out the evidence supporting sexuality education and detailing what should be included in the curriculum for children and young people between the ages of 5 and 18. The guidance urges both developing and developed countries to make sure all children and young people learn about HIV, contraception, human sexuality and relationships.

Is sex and relationships education enough?

Good quality SRE is vital but, on its own, is not enough. Young people also need to be able to access sexual health and contraceptive services in places that are convenient to them and to be supported in their emotional development. There are cost benefits to providing contraceptive services. Internationally it has been estimated that: 'Every dollar spent on contraceptive services to help women prevent unintended pregnancies saves $1.40 in maternal and newborn health care costs' (Cohen 2010).

Wider factors such as poverty and education are also very influential. There is a strong link between teenage conception and educational attainment (DfES 2006).

What is good quality sex and relationships education?

Researchers (Kirby 2007 and 2008, and Trivedi 2007) have identified characteristics of effective SRE programmes including:

- both school and home contribute to SRE
- trained educators are used
- a comprehensive range of topics is addressed, including contraception
- 'psychosocial' factors, which affect behaviour, including values, norms and self-efficacy, are addressed
- programmes begin before a young person first has sex
- participatory learning methods are used
- children and young people are taught using small group work.

How can sex and relationships education be provided?

Through our extensive experience, contact with professionals and informed by the evidence base the Sex Education Forum recommends the approach described below is used to deliver good quality SRE. The key features listed provide a summary only; see also the Sex Education Forum values and principles for SRE at www.sexeducationforum.org.uk/values

1. SRE for all children and young people

All children and young people must receive SRE, regardless of their gender, sexual orientation, disability, ethnicity, culture, age, religion or belief or other life-experiences, particularly HIV status and pregnancy. Ensuring that SRE has a timetabled slot in school helps guarantee that no child or young person will miss out on vital information.

2. Trained educators

SRE needs to be taught by willing and competent teachers. Young people have said SRE is best when teachers are confident, unembarrassed and able to teach correct biological facts and also explore relationships issues. In a Sex Education Forum survey (2008a) very few teachers (3 per cent) reported that SRE was covered adequately within their initial teacher training and teachers gave training high priority as a means of improving SRE.

1 The term 'sexuality education' is widely used in international literature. 'Sex education' and the broader 'sex and relationships education' are more commonly used in England. Definitions vary, but refer to the definition of sex and relationships education presented on page 1 of this briefing for the Sex Education Forum definition.

3. An age-appropriate programme

Evidence shows that SRE works best if it starts before a young person has their first experience of sex and if it responds to the needs of young people as they mature. SRE must start in primary school and be taught in an age-appropriate manner, starting with topics such as personal safety and friendships. Both primary and secondary school pupils, particularly girls, have said they need SRE to start earlier (Ofsted 2010).

4. Medically and factually correct information

SRE can have an important role in busting unhelpful myths so it must be based on medically correct information about contraception, reproduction and sexual health. A range of views on sex and relationships can be discussed, including faith perspectives, but teachers must be clear when they are presenting facts and when they are presenting opinions or beliefs.

5. Promoting core values

Clear core values run through good quality SRE, including mutual respect, loving and happy relationships, rights to information, safety and health, equality (particularly on the basis of gender and sexual orientation) and responsibility for oneself and others. Good quality SRE can provide a safe space for children and young people to identify and reflect on their own values and those of others, including their peers. For practical examples of SRE in faith contexts, see www.sexeducationforum.org.uk/practice

6. Developing skills

Evidence shows that SRE is more effective if it develops children and young people's skills as well as knowledge. Participatory and interactive learning tasks need to be built into SRE so that skills such as communication, negotiation and listening can be practised and developed.

7. Partnership with parents and carers

Children and young people are clear that they want to talk to their parents and carers about sex and relationships. Many parents and carers feel they lack the skills, confidence and knowledge to talk to their children, and look to schools for support. Schools and parents need to work together to make sure children and young people get the information and support they need.

Does SRE make a difference?

Making sure that all children and young people receive good quality SRE will take time and effort. Currently 34 per cent of young people rate their SRE as bad or very bad (Sex Education Forum 2008b). Ofsted have repeatedly expressed concern about the patchiness of SRE provision and its poor quality, particularly where teachers have not received training and SRE is not given space in the timetable (Ofsted 2007 and 2010).

But there is also a strong foundation of support to build on, with high levels of public and professional support for SRE. This includes:

- 95 per cent of teachers surveyed view SRE (within personal, social, health and economic (PSHE) education) as of equal importance to other subjects (Sex Education Forum 2008a)
- 83 per cent of parents of school-aged children say that schools should teach young people about the emotional aspects of sex and relationships, as well as the biological facts (Sex Education Forum 2006).

Good SRE, together with access to sexual health services, can contribute to the following public health priorities:

- earlier reporting of sexual abuse and, in some cases, its prevention
- reduced number of unplanned pregnancies
- reduced maternal mortality
- reduced infant mortality
- prevention and earlier treatment of sexually transmitted infections
- reduced gap in health inequality

The Sex Education Forum looks forward to working with partners to support the provision of good quality sex and relationships education as an entitlement for the next generation of children and young people.

Sex Education Forum

The Sex Education Forum is a unique collaboration of member organisations and practitioner networks, which was founded in 1987. Our core belief is that *all* children and young people are entitled to good quality sex and relationships education in a variety of settings – including school and at home.

For more information about evidence and research visit www.sexeducationforum.org.uk/evidence where you will find a reading list and links to national and international research on SRE and sexual health.

Members of the Sex Education Forum receive regular updates about new research and statistics and have the opportunity to exchange ideas and practice with hundreds of other SRE professionals. For more information visit www.sexeducationforum.org.uk/membership or email sefmembership@ncb.org.uk

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